		LORIDA TRA	FFIC CRAS	H REPOR	T DO NOT V	WRITE IN THIS	SPACE			•••••		
	_	MAIL TO: DEPT. OF I	HIGHWAY SAFETY RASH RECORDS SEE, FLORIDA 32399							•••••		*****
	Γ	DATE OF CRASH	TIME OF CRASH	TIME OFFICER	R NOTIFIED TH	ME OFFICER ARRIVED	INVEST. A	GENCY REPORT N		CRASH REPOR		
	io	COUNTY / CITY CODE		PM Miles	AM PM	CITY OR TOW		(Chaol		5843	462	2
	Location	COUNTY CITY CODE	7 651 01	Miles N	ı Å Ē Å.			(Ollect	Cirili City of Town)	COONT		
	∣∞	AT NODE NO. or	FEET / MILES F	FROM NODE NO.		OF LANES	1 DIVIDED ON S	TREET, ROAD OR	HIGHWAY			
	Time		1 2			11 1	2 UNDIVIDED					,
	F	AT INTERSECTION OF	or	ا ،	FEET / MILES	N S E	W OF INTERSEC	TION OF				
-	DR	RIVER 1 Phantom	YEAR MAKE	TYPE USE	2 VEH LICENSE NUMB	ER STATE VEHICL	E IDENTIFICATION N	JMBER			POINT OF	IMPACT
	AC	OTION 2 HILE HUN 3 N/A						· · · · · · · · · · · · · · · · · · ·			CIRCLE AREA OF DAMAGE	
S	' IN	RAILER OR TOWED VEHICLE VFORMATION		TRAILER TYPE						12 11 10	18 Und	lercarriag
e	-	VEHICLE TRAVELING	<u> </u>	ON At	Est. MPH	Posted Speed EST	. VEHICLE DAMAGE	1 Disabling		ST. TRAILER DAI	20 Win	dshield
t		٥٥٥٥				- s		2 Functional 3 No Damage		\$	22 Trai	ler
0	e	INSURANCE COMPANY (LIAB	JILITY OR PIP)		POL	ICY NUMBER	VEHICLE F	REMOVED BY:		Rotation List Owner's Reque	3 Driver	
n	Vehicle	OWNER'S FULL NAME (Check	k if Driver)		CUR	RENT ADORESS (Num	nber and Street)		CITY AND STATE	<u> </u>	ZIP CODE	Ш
4	-											
1	_	OWNER'S FULL NAME (Traile	r or Towed Vehicle)		CUR	RENT ADDRESS (Num	nber and Street)		CITY AND STATE	. 7	ZIP CODE	
	ا	DRIVER (Exactly as on Driver	License) / Pedestrian		CUR	RENT ADDRESS (Num	ber and Street)	CITY	& STATE / ZIP CODE	DA	TE OF BIRTH	
	Pedestrian					·				,		
	ge	DRIVER LICENSE NUMBER		TYPE END.	BAC TEST 3 Urine 1 Blood 4 Refused		AL/DRUG PHYS. DE	F. RES	RACE SEX	INJ.	S. EQUIP.	EJECT.
	ď	HAZARDOUS MATERIALS	1 Yes 2 No		2 Breath 5 None 1 1 Yes 2 No	RECOMMEND 1			PRIVER'S PHONE N	L 5.		
	ĺ	BEING TRANSPORTED				RE-EXAM	☐ Nar	rative	()			
		PASSENGER'S NAME (Addition	nal on Continuation Page)		CURRENT ADDRESS		CITY & STATE / ZIF)	AGE	LOC. INJ.	S. EQUIP	EJECT
	CEI	IVER 1 Phantom	TYEAR MAKE	TYPE USE	VEH. LICENSE NUMBE	R STATE VEHICLE	IDENTIFICATION NU	MBER			POINT OF	IMPACT
	ACT	TION 2 Hit & Run 3 N/A								1111	CIRCLE AREA OF	П
S		PAILER OR TOWED VEHICLE		TRAILER TYPE						16 17 8	DAMAGE 18 Unde 19 Over	ercarriage
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t						\$		2 Functional 3 No Damage		\$	22 Trail	er
0	e)	INSURANCE COMPANY (LIAB	ILITY OR PIP)		POLI	CY NUMBER	VEHICLE R	EMOVED BY:		Rotation List Owner's Reques	3 Driver	
n	Vehicle	OWNER'S FULL NAME (Check	(if Driver)		CURI	RENT ADDRESS (Num	ber and Street)		CITY AND STATE		IP CODE	Щ
٥					-							
2		OWNER'S FULL NAME (Trailer	or Towed Vehicle)		CURI	RENT ADDRESS (Num!	ber and Street)		CITY AND STATE	Z	IP CODE	
		DRIVER (Exactly as on Driver L	icense) / Pedestrian		CURI	RENT ADDRESS (Numi	ber and Street)	CITY 8	STATE / ZIP CODE	DAT	E OF BIRTH	
į	Pedestrian											
	dest	DRIVER LICENSE NUMBER		TYPE END.	BAC TEST 3 Urine 1 Blood 4 Refused		AL/DRUG PHYS. DE	F. RES	RACE SEX	INJ.	S. EQUIP.	EJECT.
	g.	I HAZANDUUG MATERIALG	1 Yes 2 No		2 Breath 5 None I Yes 2 No	RECOMMEND 1			L RIVER'S PHONE NO	, <u> </u>		
		BEING TRANSPORTED				RE-EXAM	Narr Narr	ative)	-		
		PASSENGER'S NAME (Addition	nal on Continuation Page)	(CURRENT ADDRESS		CITY & STATE / ZIP		AGE	LOC. INJ.	S. EQUIP	EJECT.
-	-	VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (D	river Only)	I PHYSICAL DEFEC	rs I	ALCOHOL / DRUG U	SE	LOCATION	
	ſ	01 Automobile 02 Passenger Van 03 Pickup/Light Truck	01 Private Transportal 02 Commercial Passe 03 Commercial Cargo 04 Public Transportati	tion 01 Single Semi ingers 02 Tandem Sem Trailer(s)	Trailer 1 County of 0	Crash in State	1 No Defects Kr 2 Eyesight Defe	nown	1 Not Drinking or 1 2 Alcohol - Under	Using Drugs Influence	(In Vehicle)	eft
	ij	(2 rear tires) 04 Medium Truck (4 rear tires)	1 05 Public School Bus	1 04 Saddle Moun	4 Foreign		3 Fatigue / Aslee 4 Hearing Defect 5 Illness	t l	3 Drugs - Under Ir 4 Alcohol & Drugs 5 Had Been Drinki	Ruence - Under Influence ng	2 Front Ce 3 Front Ri 4 Rear Le	ght
	Information	05 Heavy Truck (2 or more rear axles) 06 Truck Tractor (Cab)	06 Private School Bus 07 Ambulance 08 Law Enforcement	Flatbed 05 Boat Trailer 06 Utility Trailer	1 A 2 B		6 Seizure, Epile 7 Other Physica		6 Pending BAC Te	st Result	5 Rear Ce 6 Rear Rig 7 In Body	inter ght
	Inf	07 Motor Home (RV) 08 Bus	09 Fire/Rescue 10 Military	07 House Trailer 08 Pole Trailer	f 5 E/Operato 6 E/Oper-Re	r I 3 Hispanic	1 None 2 Possible		AFETY EQUIPMENT 1 Not In Use 2 Seat Belt / Shou	IN USE	8 Bus Pas 9 Other	senger
	Code	69 Bicycle 10 Motorcycle 11 Moped	11 Other Government 77 Other	09 Towed Vehic 77 Other	le 7 None REQUIRED	SEX	3 Non-Incanacit:	ating	3 Child Restraint 4 Air Bag		EJECTED 1 No	
	0	12 All Terrain Vehicle 13 Train 77 Other			ENDORSEMENT	S 1 Male	4 Incapacitating 5 Fatal (Within 9 6 Non-Traffic Fa	tality	5 Safety Helmet 6 Eye Protection		2 Yes 3 Partial	
l NSH	1V 90	CC03 (Rev. 5/99)	1		1 163 2 140	<u> </u>					L	

Page 1 of Pag

		/ER 1 Phanto ION 2 Hit & I		YEAR	MAKE	T	YPE	USE	VEH. LICENS	SE NUMBI	R STATE	VEHICLE IDENT	IFICATION	NUMBER		Y/>	151017	AREA OF	PACT	
s		3 N/A AILER OR TOV FORMATION	VED VEHICLE			TF	PAILER	A TYPE							It a Undercar 19 Overturn 20 Windshie 21 Fire 22 Trailer 22 Trailer 23 Driver 24 Other 25 Trailer 26 Trailer 27 Tow Owner's Request 28 Trailer 29 Trailer 20 Trailer 20 Trailer 20 Trailer 21 Tow Owner's Request 21 Tow Owner's Request 21 Tow Owner's Request 22 Trailer 23 Driver 24 Other 24 Code 25 Trailer 26 Trailer 26 Trailer 27 Tow Owner's Request 28 Town Owner's Request 3 Driver 29 Town Owner's Request 4 Other 21 Town Owner's Request 4 Other 21 Town Owner's Request 4 Other 22 Town Owner's Request 4 Other 23 Town Owner's Request 4 Other 24 Town Owner's Request 5 Town Owner's Request 5 Town Owner's Request 6 Town Owner's Request 7 Town					
e		VEHICLE TRA	VELING W	J	J	ON		At	Es	st. MPH	Posted Spe		LE DAMA	2 Functional			TRAILER DAMA	21 Fire		
iŀ	_ _ _	INSURANCE (COMPANY (LIAB	ILITY OR	PIP)					POL	CY NUMBE	\$ R	VEHIC	LE REMOVED BY:		1 Tow Rot			$\overline{}$	
n	/ehicle	OWNER'S FU	LL NAME (Check	if Driver)						CUR	RENT ADDR	ESS (Number and	Street)		CITY					
3		OWNER'S FU	LL NAME (Trailer	r or Towed	1 Vehicle)					CUR	RENT ADD	ESS (Number and	Street)		CITY	AND STATE	Zii	CODE		
+			tly as on Driver L							CUB	RENT ADDE	ESS (Number and	Street	CIT	Y & STATE	/ ZIP CODE	DATE	OF BIRTH		
	strian			Licerise) i	recestiaii					'							INIT T	e sound I s	JECT.	
	Pedest	DRIVER LICE	NSE NUMBER			STATE	TYPE			Urine Refused [None		SULTS AL/DRI	JG PHYS	S. DEP. HES			1110.	3. EQUIT. E		
	ĭ	HAZARDOUS BEING TRANS		1 Yes	2 No	PLACA	RDED		1 Yes 2 No		RE-EXA		2 No	If YES, Explain in Narrative	DRIVER'S	S PHONE NO.				
		PASSENGER'	S NAME (Addition	nal on Cor	ntinuation Page)				CURRENT ADO	DRESS	1	CITY	& STATE	/ ZIP		AGE LO	C. INJ.	S. EQUIP.	EJECT.	
-	Pí	ROPERTY DAN	IAGED - OTHER	THAN VE	HICLES				EST. AMO	TNUC	OWNER'S	NAME		ADDRESS		CITY	STA	TE ZIP		
	1 # PF	ROPERTY DAM	AGED - OTHER	THAN VE	HICLES	-			S EST. AMO	TNUC	OWNER'S	NAME		ADDRESS		CITY	STA	TE ZIP		
-	2	CONTRIBUT	ING CAUSES - D	RIVER / PI	FD		VE	HICLE D	\$ FEECT			VEHICLE MO	VEMENT			VEHICLE SP	PECIAL FUNCTIONS			
f	02	No Improper D	Oriving / Action 1 2 3 01 No Defects 1 2 3 01 Straight					01 Straight A 02 Slowing / S	head Stopped/S	Stalled 2	3	1 None 2 Farm	. [7[2]	3					
	03 04 05	03 Failed to Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change						Defectiv Lights	e / Improper L	ᆜ上	_ _	03 Making Le 04 Backing 05 Making Ri	ght Turn	11 Passi		3 Police Pursu 4 Recreationa 5 Emergency	Poperation	_		
	06 07 08	Improper Turn Alcohol-Under Drugs-Under Ir	Influence Influence		_ _		06 07	Steering Windshi	e / Blowout Mech eld Wipers	L	_	06 Changing 07 Entering/L 08 Properly F	eaving Pa	77 All O	way Veh. ther	6 Construction	/ Maintenance			
	09 10 11	Alcohol & Drug Followed Too (Disregarded To	ps-Under Influenc Closely raffic Signal	e [Ш	08	Equipme Defect	ent / Véhicle ON ROADWAY		in Narrative	09 Improperly 10 Making U- PEDESTRIAN ACT	Turn	(Expl Narra			1,004	TION TYPE		
	13 14	2 Exceeded Safe Speed Limit 3 Disregarded Stop Sign 4 Failed to Maintain Equip. / Vehicle 5 Improper Passing 21 Diving Wrong Side					1 C	On Road Not On R	1	2	3	01 Crossing Not at I 02 Crossing at Mid-b	ntersection clock Cross	walk in Road	·	1 2	3 1 Pri	marily iness		
	15 16 17	improper Passi Drove Left of C	ing Zenter ed Speed Limit	21 22 23	Driving Wrong S Fleeing Police Vehicle Modified All Other (Explain	1	4 N 5 T	Shoulder Median Turn Lan Safety Z			- 11	03 Crossing at Intersection 08 Standing/Playing 2 Usuness 2 Pliniarily 04 Walking Along Road With Traffic 05 Walking Along Road Against Traffic 09 Standing in 77 All Other (Explain) Residential 06 Working on Vehicle in Road Pedestrian Island 88 Unknown 3 Open Country								
			JENT HARMFUL		15 Callinion	18565 Audio			***************************************				RC	DAD SYSTEM IDENTI	FIER		LIGHTING 01 Daylight			
	02 03 04	Collision With Collision With	MV in Transport (MV in Transport ((Head-on) (Angle) (Left Turn)	16 MV Hit S 17 MV Hit U 18 MV Hit C	Sign/Sign I Utility Pole Suardrail Fence	Post /Light				30 Ran (31 Overt 32 Occu	an Into Ditch/Culve Off Road Into Wate urned Dant Fell From Veh or/Trailer Jackknife	02 03 icle 04 d 05	01.1	orest Road Ji Other		02 Dusk 03 Dawn 04 Dark (S	reet Light)		
- 1	UB.	Collision With	MV in Transport (Parked Car MV on Other Roa		nto) 21 MV Hit i 22 MV Hit i 23 Collision	Bridge/Pier Free/Shrub	r/Abuti oberv	ment/Rai			35 Explo	sion her (Explain)	ROA	AD SURFACE / CONDIT		ATHER	ROAD SUR	FACE TYPE		
- 1	10 11	Collision With Collision With	Pedestrian		24 Collision 25 Collision 26 Collision	With Traf With Cras	ffic Ga sh Atte	ite enuators				F \$	01 (02) 03 (Wet Slippery	02 (Clear Cloudy Rain	01 Slag/G 02 Blacktor 03 Brick/B	lock		
	13	Collision With Collision With	Moped `		27 MV Hit (28 Collision	Other Fixed With Mov	d Obje reable	ect Object (On Road		L		04 77	cy All Other (Explain)	04 ! 77 !	Fog L		77 All Other (E:	xplain)	
ŀ		NTRIBUTING C	CAUSES - ROAD			CONTRIBI ENVIRONI 01 Vision	MENT		S -	_	FIC CONTR	11 No Passing		SITE LOCATION Of Not At Intersection	J PR Y'ina	/ Bridge	TRAFFICY CHARACT 1 Straight	ER		
Ì	02 03	Obstruction Wi	th / Without Warni epair / Constructio	ing on		01 Vision 02 Incleme 03 Parked 04 Trees /	ent We	eather oped Veh	icle	02 S	lo Control chool Zone raffic Signal top Sign	77 All Other (E	xplain)	02 At Intersection 03 Influenced By Inte 04 Driveway Access	-	, purde	2 Straight Downgr	-Upgrade / ade		
	05 06 07	Shoulders - So Holes / Ruts / U Standing Water	ft/Low/High nsafe Paved Edg r	e	1 11 (05 Load o 06 Buildin 07 Signs/	n Veh	icle	1	05 Y	ield Sign lashing Ligh ailroad Sign			05 Railroad Crossing 06 Bridge 07 Entrance Ramp		Private Property	4 Curve-U Downg	pgrade / rade	닉	
	08 '	Worn / Polished All Other (Expl	Road Surface			08 Fog 09 Smoke 10 Glare			Other (Explain)	08 C	osted No U- pecial Spee	i/Flagman Turn	;	08 Exit Ramp 09 Parking Lot - Publ 10 Parking Lot - Priva	· 77	All Other (Explain)	1 Paved 2 Unpave	L		
	-	SECTION #	FL STATUTE	E NUMBEI					Jeogiumij		RGE						CITATI	n#		
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		MAIL TO: DEPT. TRAFF	DATE OF HIS	☐ GHWA ASH R	CONTINUAT	TION MOTOR		1	DO NOT	WRIT	E IN	THIS	SPACE			••••••					••••••	
				,			UNTY/CIT	TY CODE	DATE OF	CRASH			INVEST. A	GENCY	REPOR	T NUMBER		HSMV CRA	SH REPO	rt num	BER	
	DRI	VER 1 Phantom FION 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	USE	VEH. LI	CENSE NUM	BER S	STATE VEHICLE IDENTIFICATION NUMBER					2 3 4 5 6 7 CIRCLE AREA OF						
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c t									Est. MPH		d Speed	s	T. VEHICLE		2 F 3 N	Disabling Functional No Damage			ST. TRAILE S	R DAMA	3E 21 Fi 22 Ti	re
і 0 п		INSURANCE COMPAN	, 		PIP)						UMBER				LE REMO	VED BY:		2 Tow	Rotation L Owner's F	Request	3 Driv 4 Oth	
		OWNER'S FULL NAME			Market A	·····						,	mber and St					AND STATE			CODE	
		OWNER'S FULL NAME DRIVER (Exactly as on			,								mber and St			CIT		AND STATE			CODE OF BIRT	u
		DRIVER LICENSE NUM		cense) i		STATE DL	AEQ. E ENO.	BAC TES	T 3 Urine	MACIN		•	AL/DRUG	,	DEE I	RES	RACE	I SEX	l in		S. EQUIP	
		HAZARDOUS MATERIA		Yes		PLACARDE		1 Blood 2 Breath	4 Refused 5 None 2 No	<u> </u>	<u> </u>	· %	1 Yes 2			Explain in		PHONE N				
		PASSENGER'S NAME		al on Cor	tinuation Page)			CURRENT	T ADDRESS	R	E-EXAM		CITY &	STATE	Narrative / ZIP	•	() AGE	LOC.	INJ.	S. EQUI	P EJECT.
_	DRI	VER 1 Phantom		YEAR	MAKE	TYPE	USE	VEH. LI	CENSE NUM	BER S	TATE	VEHIC	LE IDENTIFI	CATION	NUMBE	A		2131	4 5	817	POINT C	F IMPACT
s	TA	TION 2 Hit & Run 3 N/A NAILER OR TOWED VEH FORMATION	ICLE			TRAILE	R TYPE			+	-					,			18	北	AREA OF DAMAGE	ndercarriage verturn
e c t		VEHICLE TRAVELING	w			ON	At		Est. MPH	Poste	d Speed	ES	T. VEHICLE	DAMA	2	Disabling unctional			ST. TRAILE		20 W	findshield re
i o	Ш	INSURANCE COMPAN	Y (LIABIL	ITY OR I	PIP)				PC	LICY N	UMBER	\$		VEHIC		No Damage OVED BY:		1 Tow	Rotation L Owner's F		3 Driv 4 Oth	
n		OWNER'S FULL NAME	(Check	if Driver)			-	:	CL	JRRENT	ADDRE	SS (Nu	mber and Si	treet)			CITY	AND STATE		ZIP	CODE	
_		OWNER'S FULL NAME	(Trailer	or Towed	Vehicle)				Ci	JRRENT	ADDRE	SS (Nu	mber and S	treet)	<u>.</u>		CITY	AND STATE		ZIP	CODE	
DRIVER (Exactly as on Driver License) / Pedestrian CURRENT ADDRESS (Number and Street) CITY & STATE / ZIP CODE DATE OF BIRT									н													
		DRIVER LICENSE NUM	IBER			STATE DL	REQ. E END.	1 Blood	T 3 Urine 4 Refused 5 None		RES	ULTS %	AL/DRUG	PHYS	S. DEF.	RES	RACE	SEX	IN	J.	S. EQUIP	. EJECT.
		HAZARDOUS MATERIA BEING TRANSPORTED	[Yes		PLACARDE		1 Yes			E-EXAM			No	Narrativ	Explain in	ORIVER'S))				
		PASSENGER'S NAME			ntinuation Page)				TADDRESS			-	CITY &	STATE	/ZIP			AGE	LOC.	INJ.	S. EQUI	P EJECT.
	INV	ESTIGATOR - RANK AN	D SIGNA	TURE				ID/BAC	OGE NUMBE	A	DEPAR	MENT						F)	iP S		CPD (OTHER

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#	RTY DA	MAGED - OTHER THAN V	EHICLES		EST. AMOUNT		OWNER'S NAME	ADDRESS		CITY	ST	ATE	ΖίΡ
1 # PROPE	RTY DA	MAGED - OTHER THAN V	EHICLES		S EST. AMOUNT		OWNER'S NAME	ADDRESS		CITY	ST	ATE	ZiP
# PROPE	BTY DA	MAGED - OTHER THAN V	FHICLES		\$ EST. AMOUNT		OWNER'S NAME	ADDRESS	CITY		ST	ATE	ZIP
3					\$							_	
# PROPE # 4	RTY DAI	MAGED - OTHER THAN VE	EHICLES		S S S S S S S S S S S S S S S S S S S		OWNER'S NAME	ADDRESS		CITY	ST	ATE	ZIP
	CONTRI	BUTING CAUSES - DRIVE	R/PED.	VEHICLE DEFECT	Ψ	1	VEHICLE MOVEMENT		VEHICLE S	SPECIAL F	UNCTIONS		
02 Care 03 Faile 04 Impr 05 Impr 06 Impr 07 Alco 08 Drug 09 Alco	eless Drived to Yield	Id Älight-of-Way cking ne Change n er Influence Influence Influence Ugs-Under Influence to Closely Traffic Signal		01 No Defects 02 Def. Brakes 03 Worn / Smooth Tin 04 Defective / Impro- Lights 05 Puncture / Blowo 06 Steering Mech. 07 Windshield Wippent / Vehi Defect LOCATION ON ROA	pper Land Land Land Land Land Land Land Land	ive) 1	Straight Ahead Slowing Stopped / Stalled Slowing Stopped / Stalled Making Left Turn Backing Making Left Turn Changing Lanes Tentering/Leaving Parking Property Parked Improperty Parked Making U-Turn Making U-Turn	11 Passing 12 Driverless or	1 None 2 Farm 3 Police Pul 4 Recreatio 5 Emergenc 6 Construction	nal ly Operation	ance		
I 13 Disn	egarded	Stop Sign 20	Improper Load Disregarded Other Traffic Control	1 On Road 2 Not On Road		01 C	crossing Not at Intersection crossing at Mid-block Crosswalk	07 Other Working in Road					
15 impr 16 Drov	oper Pas e Left of	ssing 21 Center 22	Driving Wrong Side / Way Fleeing Police Vehicle Modified	3 Shoulder 4 Median		03 C 04 W	crossing at Intersection Valking Along Road With Traffic	08 Standing/Playing in Road	77 All Other	/Evaluia)			
	ructing		All Other (Explain)	5 Turn Lane / - Safety Zone	Additional Passen	06 W	Valking Along Road Against Traf Vorking on Vehicle in Road	ffic 09 Standing in Pedestrian Island	88 Unknown		1		T
SEC.	PASS. #	PASSENGER NAME		•	ADDR	•	CITY & ST	ATE ZIP	Age	Loc.	lnj.	Safety Equip.	Eject
													
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WITNES	S - NAM	le .			ADDRESS			CITY & CTA	<u> </u>			710	
	- 1101	-			ADDRESS			CITY & STA	IE.			ZIP	· ·
	 		· · · · · · · · · · · · · · · · · · ·						<i></i>				
		10N 1 Yes 2 No -	Where?	IS INVESTIGAT	TION 1 Yes 2 No	- Why?	DATE OF REPORT	PHOTOS 1. Yes	s 2 · No	2	ientino A -		Other
VIOLATOR	_		I wave	COMPLETE?				TAKEN?	. 2 · NO	3 - Invest		·	Colle
VIOLATOR	+-	L STATUTE NUMBER	NAME		CHARGE					С	TATION #		
	+-			· · · · · · · · · · · · · · · · · · ·									
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FLORIDA TRAFFIC CRASH REPORT

NARRATIVE / DIAGRAM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

	THIS SPACE	•••••	************	•••••	••••••
	•	•			

EMS INF FATALS ONLY	0	TIME EMS AM NOTIFIED	PM TIME EMS ARRIVED	AM PM	COUNTY / CITY CODE	DATE OF	CRASH INV	EST. AGENCY REPORT	NUMBER	HSMV CRASE	H REPORT	NUMBER	
UNLT			<u> </u>		NARRATIVE / ADDIT	ONAL PASSENG	ERS				11 - 11 - 11 - 11 - 1		
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SEC.	PAS				AD	DRESS	CITY &	STATE ZIP	A	ge Loc.	lnj.	Safety Equip.	Eject
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VIOLAT	OR	FL STATUTE NUMBER	NAME		CHARGE			· · · · · · · · · · · · · · · · · · ·		CI	TATION #		
VIOLAT	OR	FL STATUTE NUMBER	NAME		CHARGE					CI	TATION #		•
WITNES			·		ADDRES	SS			CITY & STA	(TE		ZIP	
1				· · · · · · · · · · · · · · · · · · ·								ZIP	
WITNES 2					ADDRE				CITY & STA			411	
FIRST	AID GIV	VEN 8Y - NAME:	Physician or Nurse Parametic or EMT Police Officer	4 Certified 1st 5 Other	Aider INJUI	RED TAKEN TO:			BY - NAME:				
WAS INVEST MADE A	IGATIO	ON TYES 2 NO WHE	RE?	IS INVESTIG	ATION 1 YES 2 NO WE	IY?	DATE OF F	REPORT PHOTOS TAKEN?	1 YES 2	NO 3 INVE	ST. AGENO	CY 4 01	THER
		DR - RANK & SIGNATURE			ID / BADGE NUMBER	DEPARTMENT		<u> </u>	<u>. —</u>		THP SO	CPD	OTHER
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DIAGRAM	
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	WITH ARROW
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FLORIDA TRAFFIC CRASH REPORT

COMMERCIAL VEHICLE SUPPLEMENT

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES

i	DO NOT WRITE IN THIS SPACE										
i											
i											

	TRAFFIC CRASH RECORD		*	•••••	
	TALLAHASSEE, FLORIDA	32399-0500 COUNTY/CITY C	ODE DATE OF CRASH	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
- 1	O NOT COMPLETE THIS FORM UNLESS ONE OR MO. ONE OR MORE PERSONS SUSTAINED A FATAL INJURY		· 		VEHICLES WAS PROVIDED ASSISTANCE
Tr	UALIFYING VEHICLES rucks with 6 or more Tires r HAZ MAT Placard CARRIER'S NAME Buses Designe 16 or more Per			For Immediate VEHICLES Provided Assistance or Towed From the Scene	SOURCE SOURCE
	ADDRESS (Number and Street)		CITY	STATE ZIP	1. Shipping Papers 2. Vehicle Side 3. Driver 4. Other
	IDENTIFICATION NUMBERS: U S DOT		ICC MC		NONE
	STATE NUMBER		STATE		
	GROSS VEHICLE WEIGHT RATING Truck, Tractor or Bus		1. Bus	VEHICLE CONFIGURATION 0. Any 4-Tire Vehicle 1. Bus	HAZARDOUS MATERIAL INVOLVEMENT Did Vehicle Have a Hazardous Material Placard?
e c	Trailer or Trailers (Total)		3. Cargo Tank 4. Flat Bed 5. Dumo	Single Unit Truck (2 Axle / 6 or more Tires) Single Unit Truck (3 or more Axles) Truck with Trailer	Yes 2. No If "YES", from Placard Indicate Name or 4-Digit Number From
t i o			9. Other —	5. Truck Tractor Only (Bobtail) 6. Tractor with Semi-Traller 7. Tractor with Double Trallers 8. Tractor with Triple Trailers 9. Other - Unable To Classify	Diamond or Box
n	SEQUENCE OF EVENTS (FOR THIS VEHICLE) EVENT # 1	EVENT # 2	EVENT#3	EVENT # 4	1 Digit Number From Bottom of Diamond
_	11. Ran Off Road 12. Jackknifed 13. Overturned or Rollover 14. Downhill Runaway 15. Cargo Loss or Shift 16. Explosion or Fire 17. Separation of Units 19. Other Events	COLLISION INVOLVING: 21. Pedestrian 22. Motor Vehicle in Transport 23. Parked Vehicle 24. Train 25. Pedalcycle 26. Animal 27. Fixed Object 29. Other Object			Was Hazardous Material Released From This Vehicle's Cargo? 1. Yes 2. No
	CARRIER'S NAME				SOURCE 1. Shipping Papers 2. Vehicle Side
	ADDRESS (Number and Street)	· · · · · · · · · · · · · · · · · · ·	СПҮ	STATE ZIP	3. Driver 4. Other
	IDENTIFICATION NUMBERS: U S DOT		ICC MC		NONE
	STATE NUMBER		STATE		
s	GROSS VEHICLE WEIGHT RATING Truck, Tractor or Bus		I. Bus 2. Van/Enclosed Box	/EHICLE CONFIGURATION I. Any 4-Tire Vehicle Bus	HAZARDOUS MATERIAL INVOLVEMENT Did Vehicle Have a Hazardous Material Placard?
e c t	Trailer or Trailers (Total)	5 6	5. Dump 4	. Truck Tractor Only (Bobtail) . Tractor with Semi-Trailer	Yes 2. No If "YES", from Placard Indicate Name or 4-Digit Number From Diamond or Box
i	Total Number of Axles (Incl. Trailers)	8	B. Garbage or Refuse 7 D. Other 8		
n	SEQUENCE OF EVENTS (FOR THIS VEHICLE) EVENT # 1	EVENT # 2	EVENT # 3	EVENT # 4	1 Digit Number From Bottom of Diamond
	 Ran Off Road Jackknifed Overturned or Rollover Downhill Runaway Cargo Loss or Shift Explosion or Fire Separation of Units Other Events 	COLLISION INVOLVING: 21. Pedestrian 22. Motor Vehicle in Transport 23. Parked Vehicle 24. Train 25. Pedalcycle 26. Animal 27. Fixed Object 29. Other Object			Was Hazardous Material Released From This Vehicle's Cargo? 1. Yes 2. No

HSMV 90007 (Rev. 10/93) S

DEFINITIONS

TRUCK — A MOTOR VEHICLE DESIGNED. USED OR MAINTAINED PRIMARILY FOR THE TRANSPORTATION OF PROPERTY. FOR THE PURPOSE OF THIS FORM THE VEHICLE MUST ALSO MEET ONE OF THE FOLLOWING CRITERIA:

A MOTOR VEHICLE PROVIDING SEATS FOR 16 OR MORE PERSONS INCLUDING THE DRIVER AND USED PRIMARILY FOR THE TRANSPORTATION OF PERSONS.

HAVE AT LEAST 6 TIRES ON THE GROUND

TRAILER - A NON-POWER VEHICLE TOWED BY A MOTOR VEHICLE.

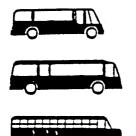
CARRY A HAZARDOUS MATERIAL PLACARD

REPORTABLE CRASH - A TRAFFIC CRASH REQUIRED TO BE REPORTED IN WRITING BY A LAW ENFORCEMENT OFFICER TO THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES INVOLVING ONE OR MORE TRUCKS OR BUSES (AS DEFINED ABOVE) WHICH RESULTS IN:

- ONE OR MORE FATALITIES
- ONE OR MORE NON-FATAL INJURIES REQUIRING TRANSPORTATION FOR THE PURPOSE OF OBTAINING IMMEDIATE MEDICAL TREATMENT
- ONE OR MORE OF THE VEHICLES BEING REMOVED FROM THE SCENE AS A RESULT OF DISABLING DAMAGE
- ONE OR MORE VEHICLES REQUIRING INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

TYPICAL VEHICLE SILHOUETTES

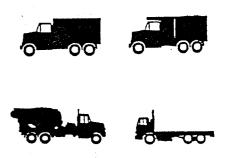
1. BUS



2. SINGLE UNIT TRUCK - 2 AXLE / 6 TIRE



3. SINGLE UNIT TRUCK - 3 AXLE



4. TRUCK WITH TRAILER



5. TRUCK TRACTOR (BOBTAIL)



6. TRACTOR WITH SEMI-TRAILER



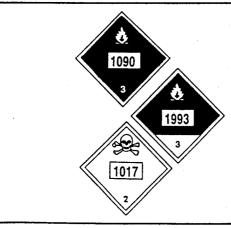
7. TRACTOR WITH DOUBLE TRAILERS

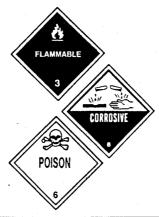


8. TRACTOR WITH TRIPLE TRAILERS



TYPICAL HAZARDOUS MATERIAL PLACARDS







Florida Department of Highway Safety and Motor Vehicles Neil Kirkman Building, M.S. 04 Tallahassee, FL 32399-0500